

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION I	-ORM FOR CANDIDATE COMMITTEES
1. Committee ID #: /50548 2. Type of Filing: Original	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date: 3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loar Association)
Ting fleischmann 4a. Candidate Full Name (Last, First, M.I.): Fleischmann Tina M. 4b. Political Party (if applicable):	a. Official Depository United Financial Credit Union
(Kepublican) 4c. County of Residence: Bay	b. Secondary Depository —
4d. Office Sought (Check one):	}t ==_3
Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Circuit Court District Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify: Ownship Treasurer 4e. District/Circuit # or Jurisdiction:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 2-34-10 6a. Committee Phone #: (989)659-3340 6b. Committee Fax #:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of
6c. Committee E-mail Address: ATTICISCHMAIN QUANO. COM 7a. Complete Comm. Mailing Address (May be PO Box):	charge to assist you in meeting this requirement. Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically. ** OR **
2117 S. Farley Rd. Munger, MI 48747	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
7b. Complete Comm. Street Address (May not be PO Box): 2117 S. farley Rd. Munger, M I 48747	14. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and
8. Treasurer Name and Complete Address: Tina fleischmann 2117 S. farley Rd Munder, Mt. 48247 Phone #: 19491659-3340	completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)
Phone #:	Candidate: Juni Herilman 2-24-10
D. Designated Record Keeper Name and Complete Address: Tina Fleisch Merk 2117 S. farley Rel Muneyer, Mil 48747 Phone #: (9891659-3340)	Current Treasurer: Juna Herschman 2-24-10
Phone #: (1890659-3340) E-mail Address:	Designated Record Keeper (Required only if filing electronically):